



Center for Health Care Quality  
Licensing and Certification Program  
FY 2014-15 and FY 2015-16

NOVEMBER ESTIMATE

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## Executive Summary

### Program Overview

The California Department of Public Health (CDPH) Center for Health Care Quality (CHCQ) Licensing and Certification Program (L&C) is responsible for regulatory oversight of licensed health care facilities and health care professionals to ensure safe, effective, and quality health care for all Californians. L&C fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to ensure that they comply with federal and state laws and regulations. L&C licenses and certifies over 7,500 health care facilities and agencies in California in 30 different licensure and certification categories.

The U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) contracts with L&C to evaluate facilities accepting Medicare and Medicaid (Medi-Cal) payments to certify that they meet federal requirements. L&C evaluates health care facilities for compliance with state and federal laws and regulations, and it contracts with Los Angeles County to license and certify health care facilities located in Los Angeles County.

In addition, L&C oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators. These activities are funded by the State Department of Public Health Licensing and Certification Program Fund (L&C Special Fund), by federal funds (Title 18 and Title 19 Grants), and from reimbursement funds associated with interagency agreements with the Department of Health Care Services (DHCS).

### Estimate Overview

The L&C Estimate projects the workload associated with all L&C programmatic functions and the corresponding number of positions needed to perform these functions. The L&C workload is largely driven by the following cost drivers:

- **Facility Count** – The number of health care facilities to survey or investigate.
- **Activity Count** – The number of pending and projected activities for L&C staff to perform. This is based on our projections of the number of new and renewal licensing and certification surveys and complaint investigations L&C will conduct in the FY 2015-16. Some activities, for example federal recertification surveys, must occur on a specified frequency. The estimate now also includes the workload associated with the number of pending complaints the program anticipates will roll over from prior years into FY 2015-16.
- **Standard Average Hours (SAH)** – The average number of hours needed to complete an activity. L&C calculates this number for each activity and facility type based on the actual average time spent on the activity and facility type in past years.

To estimate the workload for each facility type, L&C uses the following formulae:

- Complaint workload = SAH x Activity Count (projected complaints)
- Survey Workload = SAH x Facility Count x Required Frequency (if applicable).

L&C then calculates the amount of additional time associated with non-survey functions (i.e. federal and state training, meetings, etc.) to calculate the overall time required by Health Facilities Evaluator Nurses. Finally, L&C uses the number of Health Facilities Evaluator Nurses to calculate the number of supervisors and administrative positions needed to support these nurses.

The methodology for calculating workload is described in greater detail in Appendix C.

### **Current Year (FY 2014-15)**

For FY 2014-15, L&C's anticipated expenditures are \$194.7 million, which is unchanged from the 2014 Budget Act.

Table 1 below shows a comparison between the 2014 Budget Act and the November Estimate for the FY 2014-15. Because of a change in how L&C receives certain funds from CMS, L&C will draw down \$8.4 million less in reimbursements, but receive \$9.6 million more in federal funds. L&C will now receive CMS funds directly, rather than through a cost reimbursement contract with DHCS. As a result of this change and the corresponding change in the federal contribution increasing, L&C projects spending \$1.2 million less in L&C Special Funds. More information regarding this reimbursement shift is available in Table 3.

**Table 1: Comparison of 2014-15 Budget Act and November Estimate**

(\$ in millions)	FY 2014-15		
	2014-15 Budget Act	November Estimate	Change/Adjustments from Budget Act
<b>Total State Operations</b>	<b>\$194.7</b>	<b>\$194.7</b>	<b>\$0.0</b>
<b>Funding Source</b>			
General Fund	\$3.7	\$3.7	\$0.0
Federal Funds	\$77.2	\$86.8	\$9.6
L&C Special Fund	\$92.5	\$91.3	-\$1.2
Reimbursement Funds	\$14.8	\$6.4	-\$8.4
Special Deposit Fund	\$6.5	\$6.5	\$0.0
<b>Grand Total</b>	<b>\$194.7</b>	<b>\$194.7</b>	<b>\$0.0</b>
Field Positions – Health Facilities Evaluator Nurses	456.2	456.2	0.0
Field Positions – Other	380.1	380.1	0.0
Headquarters Positions	241.0	241.0	0.0
<b>L&amp;C – Positions</b>	<b>1,077.3</b>	<b>1,077.3</b>	<b>0.0</b>

**Budget Year (FY 2015-16)**

Using the updated methodology, L&C estimates its workload for FY 2015-16 will require an additional 240 positions, for a total of 1,317.3 positions. L&C is planning a staggered hiring approach for these new positions and projects expenditures will be \$225.0 million, which is \$30.3 million more than budgeted for FY 2014-15. These expenditures will increase in 2016-17 to reflect the full-year cost of all positions.

Similar to FY 2014-15, L&C will draw down \$8.4 million less in reimbursements in FY 2015-16, which will be more than offset by the \$9.6 million increase in federal funds. This change is the result of receiving CMS funds directly, rather than through a cost reimbursement contract with DHCS as in the past. Consequently, L&C projects it will spend \$1.2 million less in L&C Special Funds. More information regarding this reimbursement shift is available under "Significantly Changed Assumptions."

Table 2 below shows a comparison between the 2014 Budget Act and the November 2014 Estimate for FY 2015-16.

**Table 2: Comparison of 2014-15 Budget Act and November Estimate**

(\$ in millions)	FY 2015-16		
	2014-15 Budget Act	November Estimate	Requests for FY 2015-16
<b>State Operations Budget</b>	167.8	167.8	0.0
<i>Less one time 2014-15 IDQIA appropriation</i>	0.0	-1.4	-1.4
1. HQ-01 LA County	26.9	36.4	9.5
2. HQ-02 LA County Monitoring	0.0	0.4	0.4
3. HQ-03 CHCQ Quality	0.0	2.0	2.0
4. HQ-04 L&C State Workload	0.0	19.8	19.8
<b>Total State Operations</b>	<b>\$194.7</b>	<b>\$225.0</b>	<b>\$30.3</b>
<b>Funding Source</b>			
General Fund	3.7	3.7	0.0
Federal Funds *	77.2	86.8	9.6
L&C Special Fund	92.5	121.0	28.5
Reimbursement Funds *	14.8	6.4	-8.4
Special Deposit Fund	6.5	7.1	0.6
<b>Grand Total</b>	<b>\$194.7</b>	<b>\$225.0</b>	<b>\$30.3</b>
Field Positions - Health Facilities Evaluator Nurses	456.2	600.2	144.0
Field Positions - Other	380.1	466.1	86.0
Headquarters Positions	241.0	251.0	10.0
<b>L&amp;C - Positions**</b>	<b>1,077.3</b>	<b>1,317.3</b>	<b>240.0</b>

\* Funding detail is provided in Appendix A

\*\* See Appendix B for complete position summary

The increase in expenditures and positions is due to a combination of factors, including:

- **Revision to Estimate Methodology, State Workload** – \$19.8 million and 237 additional positions, as L&C has revised its Estimate methodology to more accurately reflect its pending and projected workload and the time it takes to complete that workload.
- **Los Angeles County Contract Increased Funding** – \$9.5 million to fund the existing contract and 32 additional county positions for Los Angeles County’s licensing and certification program.
- **Los Angeles County Oversight** – \$378,000 and 3 additional state positions to provide on-site oversight of Los Angeles County’s licensing and certification program.
- **Program Quality Improvement Activities** – \$2.0 million to implement quality improvement projects.

More information regarding each of these new premises is described below in the “New Assumptions/Premises section.”

## Major Assumptions

### New Assumptions

#### **Budget Change Proposal (BCP) HQ-04: Licensing and Certification State Workload**

L&C proposes an additional 237 positions at a cost of \$19.8 million from the L&C Special Fund in FY 2015-16 (and \$30.4 million in FY 2016-17) to address the licensing and certification workload identified in the L&C Program’s November 2014 Estimate. The BCP contains additional details on the position request.

L&C released its first program Estimate in November 2010. The intent of the Estimate is to calculate the workload associated with all L&C functions to determine the appropriate level of staffing and funding.

The L&C Estimate is complex and has evolved each year. The November 2013 Estimate projected L&C needed fewer positions than current staffing levels to complete L&C’s workload. However, because L&C was failing to complete all of its survey workload and was incurring a growing number of complaints and entity reported incidents (ERIs) received but not completed in prior years, L&C recognized that its estimate process had significant flaws and put together a workgroup to identify ways to improve the Estimate.

The workgroup identified issues with how L&C measured certain critical Estimate inputs. As a result, L&C made the following revisions to the L&C Estimate:

**1. Standard Average Hours**

L&C changed how it extracts data from its Time Entry and Activity Management (TEAM) timekeeping system to compute standard average hours. In the past, L&C calculated time spent on complaints and ERIs based on the date the surveyor exited a facility, which did not capture the office time spent fully closing out a complaint or ERI. L&C is now using the date an investigation is closed in the federal Automated Survey Processing Environments (ASPEN) surveyor and certification system. This change captures workload from the start of an investigation to the end, when a surveyor writes up findings to fully complete an investigation, which happens after exiting a facility.

**2. New Workload Projection for FY 2015-16**

L&C changed the way it estimates its complaint and ERI workload for 2015-16. This year, L&C built the Estimate based on federal ASPEN data of all complaints and ERIs received in the prior years. In the past, L&C pulled complaint data from TEAM based on the number of complaints that showed hours worked on in that system.. This change captures complaints and ERIs received, and also captures complaints and ERIs not yet initiated.

**3. Workload Carried Over from Prior Years**

L&C added a new component to the Estimate to reflect all open complaints and ERIs as of June 30, 2014. For the first time, this change captures workload that was incomplete from the prior year(s) that needs to be addressed, in addition to new workload.

Based on these changes to key Estimate inputs, the Estimate indicates L&C requires more positions and additional spending authority to complete its mandated workload, including completing complaint and ERI investigations that remain open from prior years. The additional positions will enable L&C to reduce the number of open complaints and ERIs, decrease the average number of days to close complaint and ERI investigations, and increase the percent of immediate jeopardy complaint and ERI investigations (constituting an immediate jeopardy to the health or safety of a patient) initiated within 24 hours.

**BCP HQ-01: Los Angeles County Contract Increased Funding**

CDPH requests an increase of \$9.5 million from the L&C Special Fund to augment the Los Angeles County contract. This proposal includes \$2.6 million to fund the current contract positions at current Los Angeles County salary rates. This proposal also includes \$6.9 million to fund an additional 32 contract positions to address Tier 1 and Tier 2 federal workload and long-term care (LTC) complaints and ERIs, and investigate aging LTC complaints and ERIs. The BCP contains additional details on the request.

For the past 30 years, CDPH has contracted with Los Angeles County to provide federal certification and state licensing surveys and investigate complaints and ERIs for the approximately 2,500 health facilities located Los Angeles County.

In July 2012, CDPH renewed the Los Angeles County contract for a three-year term (ending June 30, 2015) for an annual budget of \$26.9 million to fund 178 positions. However, due to prior salary increases negotiated by Los Angeles County nurses, the current budget only covers the cost of 151 contract positions. Consequently, Los Angeles County has held 27 positions vacant. Los Angeles County also has experienced staffing challenges with attrition, recruitment, and delays in hiring and training. These vacancies have led to a growing number of aging complaints and ERIs, and Los Angeles County cannot address the pending and projected workload within current funding levels.

A significant portion of the state's certification workload is performing federal workload as directed by CMS under the federal grant. Each year, CMS identifies required, tiered workload to be completed in the upcoming federal fiscal year and a Title 18 funding allocation for that workload. CMS divides the workload into four tiers; the state survey agency (CDPH and Los Angeles County as its contractor) must complete work in the highest tiers (beginning with Tier 1) before moving to work in subsequent tiers.

Tier 1 workload includes federal recertification and life safety code surveys for skilled nursing facilities and intermediate care facilities for individuals with intellectual disabilities, recertification surveys for home health agencies, all complaints and ERI investigations prioritized as having a potential for immediate jeopardy, and sample validation and complaint validation surveys for general acute care hospitals, home health agencies, hospices, and ambulatory surgery centers.

Tier 2 workload includes federal targeted recertification surveys for end stage renal dialysis clinics, hospices, rehabilitation clinics, ambulatory surgery centers, rural health clinics, transplant centers, and outpatient physical therapy providers and LTC complaints and ERI investigations prioritized as non-immediate jeopardy high and lower.

In FY 2013-14, Los Angeles County required help from CDPH nurse surveyors to complete Tier 1 recertification surveys for skilled nursing facilities, and Tier 2 surveys for ambulatory surgery centers and end stage renal dialysis clinics. In addition, Los Angeles County did not complete Tier 1 and Tier 2 LTC complaint investigations timely.

#### **BCP HQ-02: Los Angeles County On-site Monitoring and Quality Improvement**

L&C requests three positions and \$378,000 annually from the L&C Special Fund (Fund 3098) to provide on-site oversight, perform workload management, training, and quality improvement activities to improve the efficiency and effectiveness of Los Angeles County's contract licensing and certification activities. To begin the on-site oversight immediately, the department will begin by establishing the positions administratively in FY 2014-15. The BCP contains additional details on the position request.

On April 4, 2014, the County of Los Angeles Department of Auditor-Controller issued the results of its investigation of Los Angeles County's Health Facilities Inspection Division performance. (The Health Facilities Inspection Division houses county Licensing and Certification staff contracted by the state). The investigation concluded that the Health Facilities Inspection Division has a significant workload backlog and did not effectively track and manage its workload. A second report, issued July 21, 2014, found significant problems with the quality of the Health Facilities Inspection Division's investigations.

On April 21, 2014, CMS notified CDPH that it would withhold \$503,031 of CDPH's federal funding allocation until CDPH achieves certain benchmarks related to management of the Los Angeles County contract, including installing a temporary management monitoring team to assist in the programmatic and administrative improvements/corrections in Los Angeles County survey operations. On June 1, 2014, CDPH issued a report of its quality review of Los Angeles County's complaint investigations and concluded Los Angeles County had significant problems with correctly prioritizing complaints, resulting in delayed investigations of serious allegations, and deficiencies in implementing the Principles of Investigation and Documentation.

These three requested state L&C positions will conduct on-site monitoring of operations in the four Los Angeles County district offices and help Los Angeles County staff prioritize workload, develop and implement work plans and tracking logs, and identify and implement best practices. In addition, these three L&C state staff will conduct on-site training to improve the quality of investigations and conduct quality reviews of Los Angeles County surveys and investigations.

### **BCP HQ-03: L&C Quality Improvement Projects**

L&C proposes \$2 million in one-time expenditure authority from the Internal Departmental Quality Improvement Account to implement quality improvement projects recommended by external contractor Hubbert Systems Consulting's Initial Assessment & Gap Analysis Report and Remediation Recommendations for the L&C Program.

In a May 4, 2012 letter, CMS withheld \$1,565,384 from CDPH's 2012 federal grant allocation, pending demonstrated performance improvement.

In a June 20, 2012 letter, CMS required CDPH to "conduct a comprehensive assessment of CHCQ's entire survey and certification operations at not only its headquarters but also at each of the District Offices and the offices covered by its contractual agreement with Los Angeles County. The assessment must identify concerns, issues, and barriers related to CDPH's difficulty in meeting performance expectations."

CHCQ contracted for this assessment and received the contractor's final report on August 11, 2014. The report contains 21 recommendations to "allow for meaningful, measurable improvements in the Program's performance."

In FY 2014-15, CHCQ received one-time expenditure authority of \$1.4 million from the Internal Departmental Quality Improvement Account. CHCQ is using these funds to hire consultants to conduct business process reengineering projects for its Central Applications Unit and Professional Certification Branch and contract for a project manager and change consultant to facilitate and coordinate the multi-year implementation of the 21 assessment report recommendations.

L&C now proposes to continue its quality improvement efforts through a \$2 million appropriation from the Internal Departmental Quality Improvement Account for FY 2015-16. With these additional funds, L&C proposes to:

- Develop a central data repository of reliable, standardized data to generate reports;
- Develop metrics and dashboards to improve performance and provide transparency to stakeholders;
- Decrease its vacancy and turnover rates;
- Improve efficiency and quality of critical work processes; and
- Develop skilled and effective leadership.

CHCQ will report its progress implementing the recommendations of the assessment report via semiannual stakeholder meetings as required by budget trailer bill language, Senate Bill 857 (Chapter 31, Statutes of 2014).

### **Significantly Changed Assumptions**

#### **Federal Grant Non-Long Term Care Appropriation Change**

L&C receives grant funds from CMS to conduct survey certifications of health care facilities in California receiving Medicare (Title XVIII) and Medicaid (Title XIX) medical payment reimbursements. For FY 2014-15, L&C currently has federal grant funding of \$77.2 million for expenditures associated with survey certification activities in Title XVIII, Long Term Care (LTC) and Non-Long Term Care (NLTC), and in Title XIX LTC health care facilities. Since 2007, L&C costs associated with certification activities in Title XIX NLTC health care facilities have been reimbursed through a Reimbursement Fund appropriation via a contract with DHCS.

CMS changed its Title XIX NLTC reimbursement procedure in July 2014 and instructed CDPH, effective January 2014, to directly submit the cost report to CMS for reimbursement in the form of grant awards.

As a result of federal funds coming directly to CDPH, the department's federal matching rate will increase from 50% special funds and 50% federal funds to 25% special funds and 75% federal funds, thereby generating a savings of roughly \$1.2 million annually to the L&C Special Fund. Table 3 below shows how L&C will generate additional federal funds in FY 2015-16 as a result of this reimbursement change:

**Table 3: Additional Federal Appropriation Analysis**

\$11,475,589	Projected Award – Title 18 NLTC
\$31,559,283	Projected Award – Title 18 LTC
\$30,120,130	Projected Award – Title 19 LTC
\$12,208,325	Projected Award – Title 19 NLTC
<u>\$1,411,468</u>	National Background Check Projected Budget
<u>\$86,774,795</u>	Total Projected Award
<u>\$77,164,000</u>	FY 2014-15 Appropriation
<u>\$9,610,795</u>	Section 28.00 Increase Request

The FY 2014-15 Budget Act Control Section 28.00 appropriation adjustment request of \$9.6 million is calculated on the above analysis.

**Unchanged Assumptions**

L&C has no unchanged assumptions.

**Discontinued Assumptions**

L&C has no discontinued assumptions.

## Appendix A

### Budget Act to Budget Year Fiscal Comparison

FY 2014-15 Budget Act to November Estimate  
(\$ in thousands)

	A Budget Act	B November Estimate FY 2015-16	C Request FY 2015-16 (B - A)
<b>I. BUDGET ITEMS:</b>			
<b>A. Headquarters</b>			
1. Resource & Operations Management Branch (ROMB)	\$3,184	\$3,583	\$399
2. Policy & Enforcement Branch (PEB)	3,624	3,926	302
3. Staffing Audit and Research (STAAR) Branch	5,829	6,379	550
4. Professional Certification Branch	14,554	15,256	702
5. Deputy Director's Office	677	697	20
6. Citation Review Unit	238	243	5
7. Life Safety/Emergency Prep. & Disaster Response Branch	244	259	15
8. Healthcare Associated Infections (HAI) Program	3,306	3,409	103
9. Temporary Manager Activities	3,117	3,117	-
10. Quality Improvement Activities	2,212	9	(2,203)
11. Contracts	3,910	5,364	1,454
12. New Major Assumption (HQ-04 L&C State Workload)	-	1,194	1,194
13. New Major Assumption (HQ-03 Quality Improvement Projects)	-	600	600
14. Headquarters Sub-total (Items 1 thru 11)	<b>40,895</b>	<b>44,036</b>	<b>3,141</b>
<b>B. Field Operations</b>			
1. Licensing & Certification (L&C)			
a. Administrative Staff	14,575	15,818	1,243
b. Direct Surveyors	99,255	115,341	16,086
b1. Major Assumption (HQ-04 Direct Surveyors)	-	15,322	15,322
c. Major Assumption (HQ-02 LAC Monitoring)	-	378	378
d. Major Assumption (HQ-04 L&C State Workload admin only)	-	3,248	3,248
<b>L&amp;C Sub-total</b>	<b>113,830</b>	<b>150,107</b>	<b>36,277</b>
2. Los Angeles County (LAC) Contract	26,951	26,951	-
a. Major Assumption (HQ-01 LA Contract Increase)	-	9,537	9,537
<b>LAC Sub-total</b>	<b>26,951</b>	<b>36,488</b>	<b>9,537</b>
3. State Facilities Unit			
a. Administrative Staff	679	700	21
b. Direct Surveyors	4,587	4,566	(21)
<b>State Facilities Unit Sub-total</b>	<b>5,266</b>	<b>5,266</b>	<b>-</b>
4. Field Operations Sub-total (Items 1 thru 3)	<b>146,047</b>	<b>191,861</b>	<b>45,814</b>
<b>C. Partial Year Adjustment</b>	<b>-</b>	<b>(18,864)</b>	<b>(18,864)</b>
<b>D. Pro Rata and SWCAP</b>	<b>7,782</b>	<b>7,782</b>	<b>-</b>
<b>E. Grand Total</b>	<b>\$194,724</b>	<b>\$225,015</b>	<b>\$30,291</b>
<b>II. FUND SOURCES:</b>			
A. General Fund (0001G) Transfer to L&C Program Fund (3098)	\$3,700	\$3,700	\$ -
B. Federal Trust Fund (0890)	77,164	86,775	9,611
C. Special Deposit Fund (0942)	-	-	-
1. Internal Departmental Quality Improvement Account (222)	3,412	4,012	600
2. Skilled Nursing Facility Penalty Account (248)	-	-	-
3. State Citation Penalty Account (601)	2,144	2,144	-
4. Federal Citation Penalty Account (605)	973	973	-
D. Reimbursement (0001R)	14,764	6,389	(8,375)
E. L&C Program Fund (3098)	92,567	121,022	28,455
<b>F. Grand Total</b>	<b>\$194,724</b>	<b>\$225,015</b>	<b>\$30,291</b>
<b>III. TOTAL STATE POSITIONS:</b>			
A. Headquarters	241.0	251.0	10.0
B. Field Operations – L&C	797.3	1027.3	230.0
C. Field Operations – State Facilities Unit	39.0	39.0	0.0
<b>D. Grand Total</b>	<b>1,077.3</b>	<b>1,317.3</b>	<b>240.0</b>

## Appendix B

### Position Summary Budget Year

Licensing & Certification and State Facilities Unit  
Comparison of 2014-15 Budget Act to November Estimate

	Budget Act* FY14-15	November Estimate	Request**
<b>TOTAL STATE POSITIONS</b>	<b>1,077.3</b>	<b>1,317.3</b>	<b>240.0</b>
<b>HEADQUARTERS</b>			
<b>BRANCH/SECTION</b>			
Resource & Operations Mgt. Branch (ROMB)	33.0	43.0	10.0
Policy & Enforcement Branch (PEB)	27.0	27.0	-
Staffing Audit and Research (STAR) Branch	47.0	47.0	-
Professional Certification Branch	102.0	102.0	-
Deputy Director's Office	3.0	3.0	-
Division Office	13.0	13.0	-
Citation Review Unit	-	-	-
Life Safety/Emergency Prep. & Disaster Resp. Br.	-	-	-
Healthcare Associated Infections (HAI) Program	16.0	16.0	-
<b>Total</b>	<b>241.0</b>	<b>251.0</b>	<b>10.0</b>
<b>POSITIONS - L&amp;C</b>			
<b>Administrative Staff</b>	123.2	145.2	22.0
<b>FIELD OPERATIONS</b>			
Health Facilities Evaluator Nurse	432.2	576.2	144.0
Various Medical Consultants (state positions)	47.0	59.0	12.0
Health Facilities Evaluator II (Supervisor)	81.3	105.3	24.0
Support Staff	87.8	115.8	28.0
Life Safety Code – Health Facilities Evaluator I	15.8	15.8	-
Life Safety Code – Health Facilities Evaluator II (Supervisor)	5.0	5.0	-
Life Safety Code – Support Staff	5.0	5.0	-
<b>Total</b>	<b>797.3</b>	<b>1,027.3</b>	<b>230.0</b>
<b>State Facilities Unit</b>			
<b>POSITIONS – State Facilities Unit &amp; Life Safety Code</b>			
<b>Administrative Staff</b>	6.0	6.0	-
<b>FIELD OPERATIONS</b>			
Health Facilities Evaluator Nurse	24.0	24.0	-
Various Medical Consultants (state positions)	-	-	-
Health Facilities Evaluator II (Supervisor)	4.0	4.0	-
Support Staff	5.0	5.0	-
Life Safety Code – Health Facilities Evaluator I	-	-	-
Life Safety Code – Health Facilities Evaluator II (Supervisor)	-	-	-
Life Safety Code – Support Staff	-	-	-
<b>Total</b>	<b>39.0</b>	<b>39.0</b>	<b>-</b>

\* Budget Act 7A July 2014

\*\* 19 of the requested positions are for Departmental Administration (8 from ROMB and 11 from Administration Staff)

## Appendix C

### Detailed Assumptions

Fiscal Years 2014-15 and 2015-16

#### 1. Methodology:

To estimate the workload for each facility type, L&C uses the following general formulae:

- Complaint workload = SAH x Activity Count (projected complaints)
- Survey workload = SAH x Facility Count x Required Frequency (if applicable)

L&C then estimates the positions needed to accomplish the workload. Specifically, the formula for estimating positions is:

HFEN Positions (for complaints, ERIs, and other non-periodic workload)

HFEN = [(Standard Average Hour X Activity count)/non-survey factor]/1,800 hours

HFEN Positions (for surveys)

HFEN = [(Standard Average Hour X Facility count X Mandated Frequency rate)/non-survey factor]/1,800 hours

Supervisor & Support Staff Positions:

Supervisors = 1 Supervisor to 6 Health Facilities Evaluator Nurses

Support Staff for state workload = 1 Support to 6 Health Facilities Evaluator Nurses/Supervisor

Support Staff for federal workload = 1 Support to 5 Health Facilities Evaluator Nurses/Supervisor)

#### 2. Facility Counts:

A health facility means any facility or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer.

- a. Facilities are counted by facility type, e.g., Skilled Nursing Facility, General Acute Care Hospital, Home Health Agency, etc., and
- b. a point in time, (facilities open as of July 1, of the current fiscal year as reported by CMS's Automated Survey Processing Environment (ASPEN) and Certification and Survey Provider Enhanced Reports (CASPER) for certified facilities).
- c. Only active and open main facilities and skilled nursing distinct part facilities are counted for purposes of this Estimate.

- d. For some facility types, there may be a difference in the number of licensed facilities versus the number of certified facilities. This is due to some facilities being licensed only or certified only. Additionally, there may be minor discrepancies due to the use of different data sources required by CMS and/or the timing of data reconciliation activities.

**3. Facility List: L&C added “Hospice Facilities” as a new health facility category in FY 2014-15.**

1. Adult Day Health Centers
2. Alternative Birthing Centers
3. Acute Psychiatric Hospitals
4. Chronic Dialysis Clinics
5. Chemical Dependency Recovery Hospitals
6. Congregate Living Health Facilities
7. Community Clinic/Free Clinic
8. Correctional Treatment Centers
9. General Acute Care Hospitals
10. Home Health Agencies
11. Hospice
12. Hospice Facilities
13. Intermediate Care Facilities
14. Intermediate Care Facilities - Developmentally Disabled; DD Habilitative; DD Nursing
15. Pediatric Day Health/Respite Care
16. Psychology Clinics
17. Referral Agencies
18. Rehabilitation Clinics
19. Skilled Nursing Facilities
20. Surgical Clinics

**4. Survey Activities:**

- Licensing survey activities are based on state mandated requirements. Only licensed and licensed/certified facilities are covered in the state survey requirements. State licensing surveys include the following activities performed by surveyors:
  - a. Re-licensure
  - b. Re-licensure - Follow-up
  - c. Initial Licensure
  - d. Initial Licensure - Follow-up
  - e. Complaint Investigations/Entity-Reported Investigations – State
  - f. Field Visits
  - g. Review Medical Error Plan

- Certification survey activities are based on federal CMS tiered activity requirements. Only certified facilities and licensed/certified facilities are covered in the federal CMS survey requirement. Federal certification surveys include the following activities performed by surveyors:
  - a. Re-certification
  - b. Re-certification – Follow-up
  - c. Initial Certification
  - d. Initial Certification – Follow-up
  - e. Life Safety Code
  - f. Life Safety Code – Follow-up
  - g. Complaints/Entity-Reported Investigations – Federal
  - h. Complaint Validation
  - i. Validation
  - j. Validation – Follow-up
  - k. Informal Dispute Resolution
  - l. Federal Hearings
  - m. Pre-Referral Hearings
  - n. Monitoring Visits

**5. Time Entry and Activity Management (TEAM):**

The provisions of Health and Safety Code Section 1266(d) require L&C to capture and report workload data by category (survey activity and facility type). The TEAM system captures data on the number of survey counts and the total hours spent for each survey activity to determine the standard average hours it takes to accomplish specific workload.

**6. Survey Workload:**

Survey workload is either state mandated (licensing survey) or federal CMS mandated (certification survey).

**7. Standard Average Hours (SAH):**

SAH are the average hours each survey activity takes to complete. L&C used July 1, 2011 through June 30, 2014 closed complaints and exited survey data to calculate SAHs for this Estimate.

**8. Complaint and Entity Reported Incident (ERI) Counts:**

Complaints and ERIs were derived from ASPEN data of all complaints and ERIs received in the prior years.

**9. Aged Complaints and ERIs:**

Includes all open complaints and ERIs received between July 1, 2011 and June 30, 2014. This allows L&C to capture workload that was incomplete from prior years still needing to be addressed (to be completed within 4 years).

**10. Annualized Workload Hours:**

Annualized workload is determined by the corresponding state or federal mandated survey requirements, multiplied by the standard average hours that have been adjusted to include pure administration hours.

**11. Surveyor Positions:**

L&C assumes 1,800 functional hours per position for state field operations staff.

**12. Position Classification Costing:**

- Salaries for Headquarters and Field Operations Administrative staff are based on the mid-step salary range (Footnote legend) and varying rates of travel reflected in the Operating Expenses and Equipment costs. Salaries for L&C surveyor position classifications [Health Facilities Evaluator Nurse, Health Facilities Evaluator I, and various state Medical Consultants] costs are based on the maximum salary range. Operating Expense and Equipment costs are based on standard costs for the department and include high travel for all surveyors, additional training costs of \$3,472 per Health Facilities Evaluator Nurse Surveyor, and \$6,000 per employee for program-specific Information Technology Services Division costs. Salaries for supervisory and clerical staff are based on the mid-step salary range and have high travel and no travel, respectively. Appendix F provides salary and benefit rates and total Operating Expenses and Equipment costs by classification. Below are the Operating Expenses and Equipment Costs charts used for this Estimate:

**Operating Expenses and Equipment**

<b>STANDARD COSTS</b>	<b>2014-15</b>	<b>2015-16</b>
General Expense	\$ 3,400	\$ 3,400
Printing	1,800	1,800
Communications	1,300	1,300
Travel – Light	3,000	3,000
Travel – Medium	7,500	7,500
Travel – High	13,000	13,000
Training	300	300
Facilities	10,500	10,500
Data Center	300	300

<b>ADDITIONAL COSTS</b>	<b>2014-15</b>	<b>2015-16</b>
Health Facilities Evaluator Nurse Training	\$ 3,742	\$ 3,742
Office Automation.	2,000	

- Cost factors for Los Angeles County surveyor and supervisory classifications are based on the current salary levels for FY 2014-15, as listed in agreement #12-10082 A1.
- Operating Expenses and Equipment Standard Training Cost Supplement for Health Facilities Evaluator Nurses: Turnover for Health Facilities Evaluator Nurses in FY 2013-14 was 21 percent. This percentage was applied to the Operating Expenses and Equipment costs of \$3,472 per Health Facilities Evaluator Nurses and divided by all Health Facilities Evaluator Nurses being requested. This amounts to a \$1,000 adjustment for training per Health Facilities Evaluator Nurse.
- HQ-04 assumes mid-range salaries for all positions.

### 13. Staffing Ratios:

#### State Ratios:

- L&C: The allocation of the Health Facilities Evaluator II (Supervisor) positions is computed using a (1:6) ratio: 1 Health Facilities Evaluator II (Supervisor) for every 6 Health Facilities Evaluator Nurses.
- L&C: The allocation of the Program Technician is computed using a (1:6) ratio: 1 Program Technician II for every 6 of the combined Health Facilities Evaluator Nurses/Health Facilities Evaluator II (Supervisors).

#### Federal Ratios:

- L&C: The allocation of the Health Facilities Evaluator II (Supervisor) positions is computed using a (1:5) ratio: 1 Health Facilities Evaluator II (Supervisor) for every 5 Health Facilities Evaluator Nurses.
- L&C: The allocation of the Program Technician is computed using a (1:5) ratio: 1 Program Technician II for every 5 Health Facilities Evaluator Nurses.

#### Los Angeles County Ratios:

- Position classification ratios are based on the complement of current staff percentages as listed in the current Los Angeles County agreement. Current levels are (12:1) for Health Facilities Evaluator Nurses to Supervising Health Facilities Evaluator Nurses, and (5:1) for Health Facilities Evaluator Nurses to Word Processor II positions.

14. All surveyor workload and related administrative costs for the Los Angeles County Contract are displayed separately. The current contract amount of \$26,951,252 serves as the contract base. BCP HQ-01 would increase the contract amount to \$36,488,252.

15. Federal Grant amounts are estimated for FYs 2014-15 and 2015-16. The Federal Fiscal Year 2015 Federal Grant is anticipated to be approved in the

spring of 2015, and the FY 2015-16 May Revision will reflect the approved Federal Grant amount.

**16.** Workload calculations and costs are displayed by each facility type, and footnotes are entered throughout the displays and summaries.

**17. Fund Sources:**

- General Fund (0001G)
- Federal Trust (0890):
  - a. Title 18 Long Term Care
  - b. Title 18 Non-Long Term Care
  - c. Title 19 Long Term Care
  - d. Title 19 Non-Long Term Care
- Special Deposit Fund (0942)
  - a. Internal Department Quality Improvement Account (222)
  - b. Skilled Nursing Facility Penalty Account (248)
  - c. State Citation Penalty Account (601)
  - d. Federal Citation Penalty Account (605)
- Reimbursement (0001R)
- Licensing & Certification Special Fund (3098)

## Appendix D1

### Revenue Summary by Fund – FY 2014-15

FY 2014-15

(\$ in thousands)	General 0001	Federal 0890 <sup>1</sup>	Special 3098 <sup>2</sup>	Reimbursement 0001R <sup>3</sup>	Special Deposit 0942 <sup>4</sup>	TOTAL
<b>Special Fund 3098 *</b>						
4129400 - Other Regulatory Licenses and Permits			79,082			
4143500 - Miscellaneous Services to the Public			27			
4163000 - Investment Income - Surplus Money Investments			147			
4171400 - Escheat - Unclaimed Checks/Warrants/Bonds/Coupons			1			
<b>Special Deposit Fund 0942 *</b>						
4172220 - Long Term Care State Civil Money Penalties					2,632	
4163000 - Investment Income - Surplus Money Investments					29	
4172220 - Federal Citation Fines and Penalties External					992	
4163000 - Investment Income - Surplus Money Investments					10	
4172220 - SB 1301 Health Facilities Reporting/Inspection Penalties					192	
4172220 - SB 1312 Health Care Facilities Penalties					3,663	
4163000 - Investment Income - Surplus Money Investments					37	
4172220 - Skilled Nursing Facility Quality and Accountability					661	
<b>Federal Fund 0890 **</b>						
Title XVIII Non-Long Term Care		11,476				
Title XVIII Long Term Care		31,559				
Title XIX Non-Long Term Care		12,208				
Title XIX Long Term Care		30,120				
National Background Check		1,411				
<b>General Fund 0001</b>						
Reimbursements ***				6,400		
General Fund State Facilities Section Allocation	3,700					
<b>Revenue Projection by Fund Totals</b>	<b>\$ 3,700</b>	<b>\$ 86,775</b>	<b>\$ 79,257</b>	<b>\$ 6,400</b>	<b>\$ 8,217</b>	<b>\$ 184,348</b>

\* Source: Program Schedule 10Rs.

\*\* Master Federal Grant Document State Fiscal Year 2014-15.

\*\*\* Reimbursement Funds associated with interagency agreements with the Department of Health Care Services.

<sup>1</sup> Revenue is projected to increase by \$9.6 million due to changes in federal reporting of Non-Long Term Care activity.<sup>2</sup> Change in revenues from appropriations is a result of using \$20 million fund reserves to offset fees/collections.<sup>3</sup> Reimbursement changes due to federal reporting of Non-Long Term Care to CDPH.<sup>4</sup> Revenues result from penalties and citations. However, citation fund spending is statutorily limited to specific activities.**Descriptions:**

**Schedule 10Rs** - Schedule of Revenues and Transfers. The schedule 10Rs are required to report General Fund and Special Fund revenue and transfer data for the preparation of the Governor's Budget and other special budget processes.

**General Fund - 0001** Government Code sections 16300-16315. The General Fund has existed since the beginning of the State as a political entity. It is the principal operating fund for the majority of governmental activities and consists of all money received in the Treasury that is not required by law to be credited to any other fund.

**Reimbursement Fund - General Fund 0001 "R" Reimbursement.** This is a fund for budgetary purposes only. It is set up separately as a General Fund Special Accounts and is used in the schedule of appropriation for reimbursements. Reimbursement Fund 0995 is used in this purpose to capture the funding source.

**General Fund for State Facilities Section - General Fund 0001 "G" General.** General Fund "G" is the funding source to recoup fees for survey cost incurred in fee exempt state-owned facilities including the state match cost of survey performed in certified only facilities. Funding is specifically appropriated from the General Fund in the annual Budget Act or other enacted legislation.

**Federal Trust Fund - 0890** Chapter 1284, Statutes of 1978. Government Code sections 16360-16365. Section 16361 of the Government Code appropriates the fund, "...without regard to fiscal year, for expenditure for the purposes for which the money deposited therein is made available by the United States for expenditure by the state."

**Title XVIII** - Social Security Act, 1864(a). Medicare health insurance for the aged and disabled.

**Title XIX** - Social Security Act, 1902(a)(33)(B). Medicaid low income program that pays for the medical assistance for individuals and families of low income and limited resources.

**Special Deposit Fund - 0942** Government Code sections 16370-16375, and 16377 provide that the fund is appropriated to fulfill the purposes for which payments into it are made. The fund was created by Statute in 1880 and codified by the Statutes of 1907 as Section 453a of the Political Code.

**Special Fund - 3098** Chapter 483, Statutes of 2007 (SB 1039), Health and Safety Code section 1266.9. This fund is created in Chapter 528, Statutes of 2006. Original Administrative Organization Code 4260 was changed to 4265 due to the Department of Health Services splitting into two departments effective July 2007 according to Chapter 241, Statutes of 2007 (SB162). This fund originally titled State Department of Health Services Licensing and Certification Program Fund was retitled to the State Department of Public Health Licensing and Certification Program Fund in Chapter 483, Statutes of 2006 (SB1039). Its purpose is to support the Licensing and Certification Program's operation.

## Appendix D2

### Revenue Summary by Fund – FY 2015-16

FY 2015-16

(\$ in thousands)	General 0001	Federal 0890	Special 3098 <sup>1-3</sup>	Reimbursement 0001R <sup>1</sup>	Special Deposit 0942 <sup>2</sup>	TOTAL
<b>Special Fund 3098 *</b>						
4129400 - Other Regulatory Licenses and Permits			79,083			
4143500 - Miscellaneous Services to the Public			27			
4163000 - Investment Income - Surplus Money Investments			147			
4171400 - Escheat - Unclaimed Checks/Warrants/Bonds/Coupons			1			
<b>Special Deposit Fund 0942 *</b>						
4172220 - Long Term Care State Civil Money Penalties					2,632	
4163000 - Investment Income - Surplus Money Investments					29	
4172220 - Federal Citation Fines and Penalties External					992	
4163000 - Investment Income - Surplus Money Investments					10	
4172220 - SB 1301 Health Facilities Reporting/Inspection Penalties					192	
4172220 - SB 1312 Health Care Facilities Penalties					3,663	
4163000 - Investment Income - Surplus Money Investments					37	
4172220 - Skilled Nursing Facility Quality and Accountability					661	
<b>Federal Fund 0890 **</b>						
Title XVIII Non-Long Term Care		11,476				
Title XVIII Long Term Care		31,559				
Title XIX Non-Long Term Care		12,208				
Title XIX Long Term Care		30,120				
National Background Check		1,411				
<b>General Fund 0001</b>						
Reimbursements ***				6,400		
General Fund State Facilities Section Allocation	3,700					
<b>Revenue Projection by Fund Totals</b>	<b>\$ 3,700</b>	<b>\$ 86,775</b>	<b>\$ 79,258</b>	<b>\$ 6,400</b>	<b>\$ 8,217</b>	<b>\$ 184,349</b>

\* Source: Program Schedule 10Rs.

\*\* Master Federal Grant Document State Fiscal Year 2014-15.

\*\*\* Reimbursement Funds associated with interagency agreements with the Department of Health Care Services.

<sup>1</sup> Reimbursement changes due to federal reporting of Non-Long Term Care to CDPH.<sup>2</sup> Revenues result from penalties and citations. However, citation fund spending is statutorily limited to specific activities.<sup>3</sup> The revenue figures above are based on the most current and accurate information, which differ from the figures reflected in 2015-16 Governor's Budget fund condition statement.**Descriptions:**

**Schedule 10Rs** - Schedule of Revenues and Transfers. The schedule 10Rs are required to report General Fund and Special Fund revenue and transfer data for the preparation of the Governor's Budget and other special budget processes.

**General Fund - 0001** Government Code sections 16300-16315. The General Fund has existed since the beginning of the State as a political entity. It is the principal operating fund for the majority of governmental activities and consists of all money received in the Treasury that is not required by law to be credited to any other fund.

**Reimbursement Fund - General Fund 0001 "R" Reimbursement.** This is a fund for budgetary purposes only. It is set up separately as a General Fund Special Accounts and is used in the schedule of appropriation for reimbursements. Reimbursement Fund 0995 is used in this purpose to capture the funding source.

**General Fund for State Facilities Section - General Fund 0001 "G" General.** General Fund "G" is the funding source to recoup fees for survey cost incurred in fee exempt state-owned facilities including the state match cost of survey performed in certified only facilities. Funding is specifically appropriated from the General Fund in the annual Budget Act or other enacted legislation.

**Federal Trust Fund - 0890** Chapter 1284, Statutes of 1978. Government Code sections 16360-16365. Section 16361 of the Government Code appropriates the fund, "...without regard to fiscal year, for expenditure for the purposes for which the money deposited therein is made available by the United States for expenditure by the state."

**Title XVIII** - Social Security Act, 1864(a). Medicare health insurance for the aged and disabled.

**Title XIX** - Social Security Act, 1902(a)(33)(B). Medicaid low income program that pays for the medical assistance for individuals and families of low income and limited resources.

**Special Deposit Fund - 0942** Government Code sections 16370-16375, and 16377 provide that the fund is appropriated to fulfill the purposes for which payments into it are made. The fund was created by Statute in 1880 and codified by the Statutes of 1907 as Section 453a of the Political Code.

**Special Fund - 3098** Chapter 483, Statutes of 2007 (SB 1039), Health and Safety Code section 1266.9. This fund is created in Chapter 528, Statutes of 2006. Original Administrative Organization Code 4260 was changed to 4265 due to the Department of Health Services splitting into two departments effective July 2007 according to Chapter 241, Statutes of 2007 (SB162). This fund originally titled State Department of Health Services Licensing and Certification Program Fund was retitled to the State Department of Public Health Licensing and Certification Program Fund in Chapter 483, Statutes of 2006 (SB1039). Its purpose is to support the Licensing and Certification Program's operation.

## Appendix E

### Field Operations Workload Driver Summary Chart

FY 2015-16 November Estimate vs. FY 2014-15 May Revision Estimate

Facility Type	Facility Count		Estimated Activity Count	Estimated Activity Hours	Total Estimated Cost (\$ in thousands)	Funds		
	Federal	State				Reimb. Fund	Federal Fund	Special Fund
<b>TOTALS</b>								
2015-16 November Estimate	6,324	5,344	58,714	1,673,776	\$ 180,145	\$ -	\$ 85,418	\$ 94,645
2014-15 May Revision Estimate	6,100	5,131	37,423	1,200,470	\$ 127,804	\$ 7,281	\$ 61,600	\$ 58,922
INC/(DEC)	224	213	21,291	473,296	\$ 52,259	(\$7,281)	\$ 23,818	\$ 35,723
<b>1. Alternative Birthing Centers (ABC)</b>								
2015-16 November Estimate	-	7	4	99	\$ 10	\$ -	\$ -	\$ 10
2014-15 May Revision Estimate	-	7	3	92	\$ 10	\$ -	\$ -	\$ 10
INC/(DEC)	-	-	-	-	\$ 0	\$ -	\$ -	\$ 0
<b>2. Adult Day Health Centers (ADHC)</b>								
2015-16 November Estimate	-	271	215	19,457	\$ 2,107	\$ -	\$ -	\$ 2,107
2014-15 May Revision Estimate	-	270	164	9,736	\$ 1,027	\$ -	\$ -	\$ 1,027
INC/(DEC)	-	1	51	9,720	\$ 1,080	\$ -	\$ -	\$ 1,080
<b>3. Acute Psychiatric Hospitals (APH)</b>								
2015-16 November Estimate	62	37	973	18,825	\$ 2,035	\$ -	\$ 468	\$ 1,568
2014-15 May Revision Estimate	65	36	569	18,661	\$ 1,996	\$ 538	\$ 374	\$ 1,084
INC/(DEC)	(3)	1	404	164	\$ 39	(\$538)	\$ 94	\$ 484
<b>4. Chronic Dialysis Clinics (CDC)</b>								
2015-16 November Estimate	578	4	716	55,043	\$ 5,977	\$ -	\$ 4,846	\$ 1,131
2014-15 May Revision Estimate	501	5	739	43,953	\$ 4,710	\$ 1,148	\$ 2,295	\$ 1,267
INC/(DEC)	77	(1)	(23)	11,090	\$ 1,267	(\$1,148)	\$ 2,551	(\$136)
<b>5. Chemical Dependency Recovery (CDR)</b>								
2015-16 November Estimate	-	6	56	1,047	\$ 109	\$ -	\$ -	\$ 109
2014-15 May Revision Estimate	-	6	12	483	\$ 49	\$ -	\$ -	\$ 49
INC/(DEC)	-	-	44	560	\$ 60	\$ -	\$ -	\$ 60
<b>6. Congregate Living Health Facilities (CLHF)</b>								
2015-16 November Estimate	-	74	95	2,587	\$ 280	\$ -	\$ -	\$ 280
2014-15 May Revision Estimate	-	65	70	2,884	\$ 307	\$ -	\$ -	\$ 307
INC/(DEC)	-	9	25	(300)	(\$27)	\$ -	\$ -	(\$27)
<b>7. Community Clinic/Free Clinic (CC)</b>								
2015-16 November Estimate	299	1,030	938	14,833	\$ 1,597	\$ -	\$ 529	\$ 1,068
2014-15 May Revision Estimate	300	953	602	10,403	\$ 1,110	\$ 118	\$ 235	\$ 757
INC/(DEC)	(1)	77	336	4,430	\$ 487	(\$118)	\$ 294	\$ 311
<b>8. Correctional Treatment Centers (CTC)</b>								
2015-16 November Estimate	-	20	471	9,002	\$ 973	\$ -	\$ -	\$ 973
2014-15 May Revision Estimate	-	18	133	3,920	\$ 415	\$ -	\$ -	\$ 415
INC/(DEC)	-	2	338	5,080	\$ 558	\$ -	\$ -	\$ 558
<b>9. General Acute Care Hospitals (GACH)</b>								
2015-16 November Estimate	407	432	15,912	330,761	\$ 35,794	\$ -	\$ 9,913	\$ 25,881
2014-15 May Revision Estimate	86	434	8,290	191,418	\$ 20,272	\$ 1,807	\$ 3,615	\$ 14,850
INC/(DEC)	321	(2)	7,622	139,343	\$ 15,522	(\$1,807)	\$ 6,298	\$ 11,031
<b>10. Home Health Agencies (HHA)</b>								
2015-16 November Estimate	1,255	243	1,327	75,239	\$ 8,046	\$ -	\$ 5,324	\$ 2,722
2014-15 May Revision Estimate	1,446	285	1,337	91,926	\$ 9,895	\$ 2,254	\$ 4,507	\$ 3,134
INC/(DEC)	(191)	(42)	(10)	(16,687)	(\$1,849)	(\$2,254)	\$ 817	(\$412)
<b>11. Hospice (H)</b>								
2015-16 November Estimate	421	707	583	29,723	\$ 3,194	\$ -	\$ 2,397	\$ 797
2014-15 May Revision Estimate	457	535	489	18,680	\$ 1,991	\$ 409	\$ 819	\$ 763
INC/(DEC)	(36)	172	94	11,043	\$ 1,203	(\$409)	\$ 1,578	\$ 34
<b>12. Hospice Facilities (HOFA)</b>								
2015-16 November Estimate	-	8	15	773	\$ 82	\$ -	\$ -	\$ 82
2014-15 May Revision Estimate	-	-	-	-	\$ -	\$ -	\$ -	\$ -
INC/(DEC)	-	8	15	773	\$ 82	\$ -	\$ -	\$ 82
<b>13. Intermediate Care Facilities (ICF)</b>								
2015-16 November Estimate	-	5	1,175	18,086	\$ 1,950	\$ -	\$ -	\$ 1,950
2014-15 May Revision Estimate	-	5	425	5,946	\$ 630	\$ -	\$ -	\$ 630
INC/(DEC)	-	-	750	12,140	\$ 1,320	\$ -	\$ -	\$ 1,320
<b>14. ICF-DD/DDH/DDN</b>								
2015-16 November Estimate	1,178	1,187	9,171	213,244	\$ 23,080	\$ -	\$ 7,262	\$ 15,817
2014-15 May Revision Estimate	1,142	1,182	6,725	149,462	\$ 15,756	\$ -	\$ 7,695	\$ 8,061
INC/(DEC)	36	5	2,446	63,782	\$ 7,324	\$ -	(\$433)	\$ 7,756
<b>15. Pediatric Day Health/Respite (PDHR)</b>								
2015-16 November Estimate	-	16	13	1,004	\$ 107	\$ -	\$ -	\$ 107
2014-15 May Revision Estimate	-	16	10	496	\$ 47	\$ -	\$ -	\$ 47
INC/(DEC)	-	-	3	510	\$ 60	\$ -	\$ -	\$ 60
<b>16. Psychology Clinics (PC)</b>								
2015-16 November Estimate	-	22	8	504	\$ 54	\$ -	\$ -	\$ 54
2014-15 May Revision Estimate	-	22	8	469	\$ 48	\$ -	\$ -	\$ 48
INC/(DEC)	-	-	0	40	\$ 6	\$ -	\$ -	\$ 6
<b>17. Referral Agencies (RA)</b>								
2015-16 November Estimate	-	4	0	6	\$ -	\$ -	\$ -	\$ -
2014-15 May Revision Estimate	-	4	-	-	\$ -	\$ -	\$ -	\$ -
INC/(DEC)	-	-	0	6	\$ -	\$ -	\$ -	\$ -
<b>18. Rehabilitation Clinics (RC)</b>								
2015-16 November Estimate	120	12	91	7,975	\$ 872	\$ -	\$ 746	\$ 126
2014-15 May Revision Estimate	146	14	63	3,968	\$ 426	\$ 101	\$ 202	\$ 123
INC/(DEC)	(26)	(2)	28	4,007	\$ 446	(\$101)	\$ 544	\$ 3
<b>19. Skilled Nursing Facilities (SNF)</b>								
2015-16 November Estimate	1,245	1,263	26,300	837,192	\$ 89,636	\$ -	\$ 50,305	\$ 39,330
2014-15 May Revision Estimate	1,244	1,270	17,188	613,896	\$ 65,481	\$ -	\$ 40,047	\$ 25,433
INC/(DEC)	1	(7)	9,112	223,296	\$ 24,155	\$ -	\$ 10,258	\$ 13,897
<b>20. Surgical Clinics (SC)</b>								
2015-16 November Estimate	759	4	667	39,150	\$ 4,242	\$ -	\$ 3,627	\$ 615
2014-15 May Revision Estimate	713	4	596	34,077	\$ 3,634	\$ 906	\$ 1,811	\$ 917
INC/(DEC)	46	-	71	5,073	\$ 608	(\$906)	\$ 1,816	(\$302)

Facility Type Workload Driver Comparisons for each of the 20 facility types is available on CD.

## Appendix F Footnote Legend

### Footnotes to the Headquarters and Field Operations Detail.

- a / Based on ELMS open and active list of licensed only, certified only, and licensed/certified main facilities as of 07-01-2014.
- b / Number of activities are based on mandated and projected workloads for both licensing and certification.  
Workload hours are calculated based on surveyor activities multiplied by the Standard Average Hours (SAH). SAH is based on a three year average of total hours per activity item and is determined by dividing the total activity hours (i.e., direct activity hours including facility admin hours) by the number of survey activities or complaints.
- c / Surveyor positions are calculated based on 1,800 hrs. per position.
- e / HFE I positions are used to perform life safety code surveys only.
- f / Annual Salary, based on FY 2014-15 salary range which excludes salary savings.

	FY 2015-16	FY 2015-16	Salary Range Level
8011 HFEN	\$83,031	\$83,031	Maximum
Consultants **** (see Table A below for calculation details)	104,223	104,223	Various
8051 Health Facility Evaluator II (Supervisor)	69,086	69,086	Middle
9928 Program Technician (PT II)	37,718	37,718	Middle
8001 HFE I ( life safety code activities only)	55,009	55,009	Middle
9927 Program Technician (PT)	33,934	33,934	Middle
9925 Supervising Program Technician II (SPT II)	42,211	42,211	Middle
9924 Supervising Program Technician I (SPT I)	39,218	39,218	Middle
8429 Health Program Manager III (HPM III)	91,816	91,816	Middle
8428 Health Program Manager II (HPM II)	79,364	79,364	Middle
8338 Health Program Specialist I	69,071	69,071	Middle
8337 Associate Health Program Adviser	62,880	62,880	Middle
8336 Health Program Specialist II	75,866	75,866	Middle
8195 Nurse Consultant II	80,592	80,592	Maximum
8181 Nurse Consultant III (Specialist)	87,779	87,779	Middle
8052 Health Facility Evaluator II (HFE II)	62,880	62,880	Middle
8052 Health Facility Evaluator II (HFE II) *	63,036	63,036	Maximum
8050 Health Facility Evaluator Manager I (HFEM I)	72,284	72,284	Middle
8007 Health Facility Evaluator Trainee (HFE Trainee)	40,276	40,276	Middle
7993 Health Facility Evaluator Manager II (HFEM II)	79,364	79,364	Middle
7964 Pharmaceutical Program Consultant	97,262	97,262	Middle
7788 Medical Consultant II (Supervisor)	142,047	142,047	Maximum
7705 Public Health Medical Officer III (Specialist)	141,571	141,571	Middle
7674 Public Health Medical Administrator I	159,956	159,956	Middle
7500 CEA II	117,125	117,125	Middle
5778 Staff Counsel (SC)	90,406	90,406	Maximum
5731 Research Analyst II	66,023	66,023	Middle
5758 Research Program Specialist II (RPS II)	75,866	75,866	Middle
5742 Research Program Specialist I (RPS I)	69,071	69,071	Middle
5643 Research Scientist Supervisor I	91,356	91,356	Middle
5594 Research Scientist III (Epidemiology)	81,204	81,204	Middle
5582 Research Scientist II (Epidemiology)	74,070	74,070	Middle
5393 Associate Governmental Program Analyst (AGPA)	62,880	62,880	Middle
5278 Management Services Technician (MST)	40,276	40,276	Middle
5157 Staff Services Analyst (SSA)	43,592	43,592	Middle
4802 Staff Services Manager III	91,816	91,816	Middle
4801 Staff Services Manager II (SSM II)	79,364	79,364	Middle
4800 Staff Services Manager I (SSM I)	72,284	72,284	Middle
4588 Associate Accounting Analyst (AAA)	66,023	66,023	Middle
2246 Health Facilities Evaluator Specialist (HFES)	69,071	69,071	Middle

f/ Annual Salary, based on FY 2014-15 salary range which excludes salary savings. There is a 2% contract increase for BY 2015-16.

	FY 2014-15	FY 2015-16	Salary Range Level
1331 Deputy Director of the Center for Health Care Quality	131,442	134,070	Middle
1181 Word Processing Technician	32,568	33,220	Middle
1139 Office Technician (TYPING)	37,217	37,962	Middle
1138 Office Technician (GENERAL)	36,979	37,718	Middle
g/ Benefit rate per annual salary	44.823%	44.823%	
h/ OE&E based on standard cost per position for FY 14-15 & 15-16			
8011 HFEN (High Travel)	\$ 37,300		
Consultants (High Travel)	36,600		
8051 HFE II Sup (High Travel)	36,600		
9928 PT II (No Travel)	23,600		
8001 HFE I (High Travel, life safety code activities only)	36,600		
9928 Program Technician II (Light Travel)	26,600		
9927 Program Technician (No Travel)	23,600		
9925 Supervising Program Technician II (SPT II)	23,600		
9924 Supervising Program Technician I (SPT I)	23,600		
8429 Health Program Manager III (HPM III)	23,600		
8428 Health Program Manager II (HPM II) (Light Travel)	26,600		
8338 Health Program Specialist I (Light Travel)	26,600		
8337 Associate Health Program Adviser (Light Travel)	26,600		
8336 Health Program Specialist II	23,600		
8195 Nurse Consultant II	23,600		
8181 Nurse Consultant III (Specialist) (High Travel)	36,600		
8052 Health Facility Evaluator II (HFE II) (High Travel)	36,600		
8052 Health Facility Evaluator II (HFE II) (No Travel)	23,600		
8051 Health Facility Evaluator II (Supervisor) (Light Travel)	26,600		
8050 Health Facility Evaluator Manager I (HFEM I) (Light Travel)	26,600		
8011 Health Facility Evaluator Nurse (HFEN) (Medium Travel)	31,800		
8007 Health Facility Evaluator Trainee (HFE Trainee)	23,600		
7993 Health Facility Evaluator Manager II (HFEM II) (Medium Travel)	31,100		
7993 Health Facility Evaluator Manager II (HFEM II) (Light Travel)	26,600		
7964 Pharmaceutical Program Consultant (Light Travel)	26,600		
7788 Medical Consultant II (Supervisor) (Light Travel)	26,600		
7705 Public Health Medical Officer III (Specialist) (Medium Travel)	31,100		
7674 Public Health Medical Administrator I (Medium Travel)	31,100		
7500 CEA II	23,600		
5731 Research Analyst II	23,600		
5758 Research Program Specialist II (RPS II)	23,600		
5742 Research Program Specialist I (RPS I) (No Travel)	23,600		
5742 Research Program Specialist I (RPS I) (Light Travel)	26,600		
5643 Research Scientist Supervisor I (Epidemiology) (Light Travel)	26,600		
5594 Research Scientist III (Epidemiology) (Light Travel)	26,600		
5582 Research Scientist II (Epidemiology) (Light Travel)	26,600		
5393 Associate Governmental Program Analyst (AGPA) (No Travel)	23,600		
5393 Associate Governmental Program Analyst (AGPA)(Light Travel)	26,600		
5393 Associate Governmental Program Analyst (AGPA)(High Travel)	36,600		
5278 Management Services Technician (MST)	23,600		

h/	OE&E based on standard cost per position for FY 14-15 & 15-16	
	5157 Staff Services Analyst (SSA) (Light Travel)	\$26,600
	5157 Staff Services Analyst (SSA) (No Travel)	23,600
	4802 Staff Services Manager III	23,600
	4801 Staff Services Manager II (SSM II)	23,600
	4801 Staff Services Manager II (SSM II) (Medium Travel)	31,100
	4801 Staff Services Manager II (SSM II) (Light Travel)	26,600
	4800 Staff Services Manager I (SSM I)	23,600
	4800 Staff Services Manager I (SSM I) (Medium Travel)	31,100
	4800 Staff Services Manager I (SSM I) (Light Travel)	26,600
	4588 Associate Accounting Analyst (AAA)	23,600
	1581 Staff Programmer Analyst (Staff PA)	23,600
	1581 Staff Programmer Analyst (Staff PA) (Light Travel)	26,600
	1579 Associate Programmer Analyst (APA)	26,600
	1479 Assistance Information System Analyst (AISA)	26,600
	1470 Associate Information System Analyst Specialist (AISAS)	23,600
	1393 Data Processing Manager III (DPM III)	23,600
	1384 Data Processing Manager II (DPM II)	23,600
	1381 Data Processing Manager I (DPM I)	23,600
	1337 Sr Information System Analyst (ISA)	23,600
	1312 Staff Information System Analyst (Staff ISA)	23,600
	1139 Office Technician (TYPING) (No Travel)	23,600
	1139 Office Technician (TYPING) (Light Travel)	26,600
	1138 Office Technician (GENERAL)	23,600
	Miscellaneous Classifications (No Travel)	23,600
	Miscellaneous Classifications (Light Travel)	26,600
	Miscellaneous Classifications (Medium Travel)	31,100
	Miscellaneous Classifications (High Travel)	36,600
	Office Automation (for new positions only)	2,000
i/	LA County Annual salary per position based on 14-15 contract	
	HFEN	\$81,403
	Consultant	104,223
	HFEN Sup	67,732
	Word Processor II (PTII Equiv.)	36,979
j/	LA County Benefit rate based on 14-15 contract cost	49.88%
k/	LA County OE&E rate is per position based on 14-15 contract	
	HFEN	\$37,300
	Consultant	36,600
	HFEN Sup	36,600
	Word Processor II (PTII Equiv.)	23,600

Table A

Positions	Code	Consultant Classification	Annual Base Salary		Salary Range Level
			FY 2014-15	FY 2015-16	
12	7787	MEDICAL CONSULTANT I	\$150,656	\$150,656	Maximum
1	8181	NURSE CONSULTANT III-SPEC	99,251	99,251	Maximum
1	8179	NURSE CONSULTANT III - Sup	94,517	94,517	Maximum
3	8196	NURSE CONSULTANT II	90,784	90,784	Maximum
19	7994	PHARMACEUTICAL CONSULTANT II-SPEC	102,946	102,946	Maximum
10	2166	PUBLIC HEALTH NUTRITION CONSULTANT III (SPEC)	81,193	81,193	Maximum
3	8281	OCCUPATIONAL THERAPY CONSULTANT	61,864	61,864	Middle
3	1863	MEDICAL RECD CONSULTANT	64,033	64,033	Middle
52	****	Weighted Average	\$104,223	\$104,223	